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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/107,658 11/09/1998

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 12/07/1999

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	12	2
Verified and Acknowledged	Examiner's Signature _____ Initials _____	SHEETS DRAWING		

ADDRESS

47553

TITLE

TREATMENT OF HEMATOLOGIC MALIGNANCIES ASSOCIATED WITH CIRCULATING TUMOR CELLS
USING CHIMERIC ANTI-CD20 ANTIBODY

FILING FEE RECEIVED 6347	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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